

KONRAD RAYNES & VICTOR, LLP

315 S. Beverly Drive, Suite 210
Beverly Hills, California 90212

Telephone: (310) 556-7983
Facsimile: (310) 556-7984

FAX COVER SHEET

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**PLEASE DELIVER THIS FACSIMILE
TO EXAMINER WILLIAM L. BAYSHORE**

TO: Commissioner for Patents
Attn: Examiner William L. Bayshore
Group Art Unit 2176
Patent Examining Corps
Facsimile Center
Washington, D.C. 20231

FROM: William K. Konrad

OUR REF: 0021.0013
TELEPHONE: 310-556-7983

Total pages, including cover letter: 20

PTO FAX NUMBER 1-571-273-8300

If you do NOT receive all of the pages, please telephone us at 310/556-7983, or fax us at 310/556-7984.

Description of Documents Transmitted: TRANSMITTAL OF AMENDMENT (+COPY);
AMENDMENT AFTER FINAL REJECTION

Applicant: C.L. Bates et al.
Serial No.: 09/809,759
Filed: March 15, 2001
Group Art Unit: 2176
Docket No.: ROC920000170US1

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on August 16, 2005

By: 
Name: William K. Konrad

FORM PTO-1083

PATENT
ROC920000170US1
0021.0013

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
C.L. Bates et al.
Serial No.: 09/809,759
Filed: March 15, 2001
For: METHOD, SYSTEM, AND PROGRAM
FOR VERIFYING NETWORK
ADDRESSES INCLUDED IN A FILE

Examiner: William L. Bayshore

Art Unit: 2176

24033
Customer Number

Sir:

Transmitted herewith in the above-identified application is an:

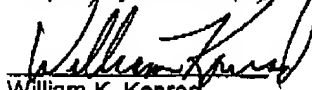
- ☒ Amendment 17 pages.
☐ Petition for Extension of Time.
☐ Transmittal of Formal Drawings and ___ sheets of formal drawings.
☒ No additional fee is required.

The fee has been calculated as shown below:

| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO PREVIOUSLY PAID FOR | | PRESENT EXTRA RATE | | ADDIT. FEE | | OR | RATE | | ADDIT. FEE |
|---|---|-------|--------------------------------------|---|-----------------------|---|---------------|----|----|-------|-------|---------------|
| TOTAL | 54 | MINUS | 54 | = | 0 | x | \$0 | OR | | x 50 | \$ | |
| INDEP CLAIMS | 3 | MINUS | 3 | = | 0 | x | \$0 | OR | | x 200 | \$ | |
| | | | | | | + | \$ | OR | | + 360 | \$ | |
| ___ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | TOTAL | | \$0 | OR | | TOTAL | \$-0- | |

- ___ Please charge Deposit Account No. 50-0585 the amount of \$___ to cover the extension fee and also the amount of \$___ to cover the claim fee. A duplicate copy of this sheet is enclosed.
 ___ A credit card authorization in the amount of \$___ to cover the extension fee is enclosed.
 ___ A credit card authorization in the amount of \$___ to cover the claim fee is enclosed.
 ___ A credit card authorization in the amount of \$___ to cover the petition fee is enclosed.
☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0585. A duplicate of this sheet is enclosed.
☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
☒ Any patent application processing fees under 37 CFR 1.17.

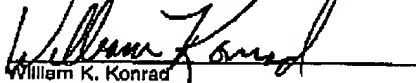
Respectfully submitted,


 William K. Konrad
 Registration No. 28,868
 KONRAD RAYNES & VICTOR, LLP
 315 S. Beverly Drive, Suite 210
 Beverly Hills, CA 90212
 (310) 556-7983 (voice)
 (310) 556-7984 (fax)

Dated: August 16, 2005

CERTIFICATE UNDER 37 CFR 1.8:

I hereby certify that this correspondence is being transmitted by facsimile to William L. Bayshore of the U.S. Patent and Trademark Office at 571-273-8300 on August 16, 2005.


 William K. Konrad

8/16/05
Date

FORM PTO-1083

PATENT
ROC920000170US1
0021.0013IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

C.L. Bates et al.

Serial No.: 09/809,759

Filed: March 15, 2001

For: METHOD, SYSTEM, AND PROGRAM
FOR VERIFYING NETWORK
ADDRESSES INCLUDED IN A FILE

Examiner: William L. Bayshore

Art Unit: 2176

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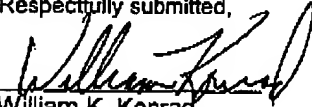
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|---|---|-------|--------------------------------------|---|-----------------------|---------------|----|------|---------------|-------------|
| TOTAL | 54 | MINUS | 54 | = | 0 | x | | \$0 | OR | x 50 \$ |
| INDEP CLAIMS | 3 | MINUS | 3 | = | 0 | x | | \$0 | OR | x 200 \$ |
| | | | | | | + | | \$ | OR | + 360 \$ |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | | | | \$0 | OR | TOTAL \$-0- |

- ___ Please charge Deposit Account No. 50-0585 the amount of \$___ to cover the extension fee and also the amount of \$___ to cover the claim fee. A duplicate copy of this sheet is enclosed.
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COPY


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William K. Konrad8/16/05
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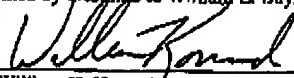
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: C.L. Bates et al. Examiner: William L. Bayshore
Serial No.: 09/809,759 Group Art Unit: 2176
Filed: March 15, 2001 Docket No.: ROC920000170US1
TITLE: METHOD, SYSTEM, AND PROGRAM FOR VERIFYING NETWORK
ADDRESSES INCLUDED IN A FILE

CERTIFICATE UNDER 37 CFR 1.8:

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William K. Konrad**Amendment After Final Rejection**

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This Response is submitted in response to the final office Action dated May 16, 2005 ("Second Office Action") and the Advisory Action mailed August 11, 2005.

There are no Amendments to the Specification.

Amendments to the Claims are reflected in the listing of claims which begins on page 2.

There are no Amendments to the drawings.

Remarks/Arguments begin on page 14.